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Title: Tobacco use in Sub-Saharan Africa: the risks and challenges

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In recent years, the tobacco pandemic's magnitude and trajectory have shifted away from high-income countries to low- and middle-income countries and so have the tobacco industry's marketing efforts and tactics.(1) Sub-Saharan Africa is particularly vulnerable; being at an early stage of a tobacco epidemic, it is expected to face the largest growth in tobacco consumption in the world.(2) Unfortunately, this has not yet been matched by the implementation of robust and evidence-based tobacco control policies.(3) In the face of more immediate threats from infectious diseases and malnutrition, most Sub-Saharan African nations have been unable to prioritise or deploy adequate resources to address tobacco control.(4) However, with 44 Sub-Saharan African countries signed up to the WHO Framework Convention for Tobacco Control (FCTC), there are tremendous opportunities to prevent tobacco uptake in young people and reduce current tobacco consumption in adults.(3) This issue reports several well-conducted studies from Sub-Saharan Africa, highlighting specific challenges and opportunities encountered by, for example, young people in resisting tobacco uptake, tobacco users in quitting, and governments in tackling tobacco industry tactics.

In The Gambia, one in every six adolescents smokes tobacco at some point and one in 20 does so on a regular basis.(5) The country is a signatory to WHO FCTC, but is yet to implement comprehensive smoke-free laws, ban tobacco advertisement at the point-of-sale or raise taxes on cigarettes to the WHO's minimum set target.(6) In this issue, Jallow et al report on a nationwide school-based survey of adolescents in The Gambia and found that a third of them are susceptible to smoking.(7) The most susceptible adolescents included those with poor knowledge about smoking harms, with friends and families who smoked, without smoking restrictions at home, or who were purchasing cigarettes for others and/or noticing tobacco advertising at the point-of-sale. While these findings(7) point towards high levels of susceptibility to smoking among young people, they also highlight the opportunities to address this challenge through robust policy implementation.

With 60% of the world's population of people with HIV/AIDS living in Sub-Saharan Africa, most of the nations there remain devastated by this disease epidemic.(4) In a secondary analysis of Demographic Health Surveys based on 25 Sub Saharan African countries and published in this issue, Murphy et al show that smoking prevalence is higher among those with HIV than those without (e.g. 25.9% vs. 16.1% among men).(8) This trend, (also shown previously,(9)) is worrying, because smoking can reduce the life expectancy of a person with HIV/AIDS by 16 years, despite the availability of anti-retroviral therapy. On the other hand, the infrastructure and the regular contact with a health professional offered by HIV/AIDS programmes, can be assets in offering cessation support to these smokers in an efficient manner.

Nigeria is the seventh most populous country in the world and also has the largest economy in the African continent. British American Tobacco was quick to seize an opportunity to expand tobacco sales, by opening a large manufacturing plant in 2003 and a head office in 2016 to cover Nigeria and the whole of West Africa. In this issue, Egbe et al publish a paper showing how the tobacco industry

has directly interfered in policy making in Nigeria, despite the country's ratification of WHO FCTC.(10) The Nigerian National Tobacco Control Act (2015) is yet to be enacted, due to several loopholes exploited by the industry. These include non-comprehensive smoke-free laws, weak advertising bans and allowing tobacco industry involvement in the National Tobacco Control Committee of Nigeria - a body charged to regulate tobacco products. Moreover, all tobacco control regulations need to be ratified by Nigeria's National Assembly, which gives the industry another opportunity to influence legislators and block these regulations. While anti-tobacco advocates are struggling to overcome these structural hurdles, this study offers some key lessons for other Sub Saharan African nations.(10) The tobacco industry will continue to attempt to undermine tobacco control by directly and indirectly influencing public bodies responsible for controlling tobacco and regulating tobacco products. However, it is the responsibility of governments to remove all such influences, by enacting WHO FCTC Article 5.3 and rejecting tobacco industry partnerships and interactions across all departments. Anti-tobacco advocates must remain vigilant.

Declaration of interests: None

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